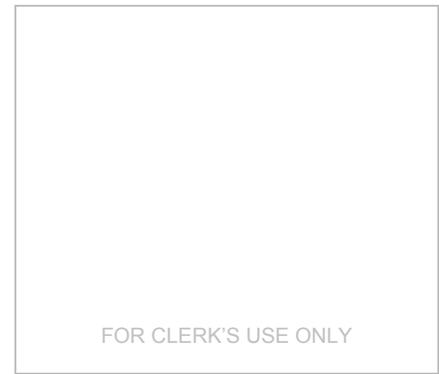


Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____



FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of: _____

Case Number: PB _____

DECLARATION OF NOTICE PROVIDED

Regarding A Matter of

Guardianship and/or Conservatorship

_____ A Protected Adult or Minor

UNDER PENALTY OF PERJURY

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents to the persons named below. (Check only those that apply.)

Petition for *Permanent* *Temporary* Appointment of a **Guardian and Conservator** (or)
 Guardian or Conservator (only)
for **Adult** or **Minor**

Affidavit of Person to be Appointed **Conservator's Account**
 Consent of Parent to Appointment **Consent of (other) Parent to Appointment**
 Notice of Hearing **Annual Report of Guardian**
 Other: _____ **Other:** _____

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents indicated above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to.

(If this is about a petition to appoint a guardian and/or conservator for an **adult**, be sure to include the court-appointed attorney and the court investigator among those to whom you give notice and list below. Use extra paper if necessary.)

A. **Person Given Notice (Name):** _____

B. **Relation to Protected Person:** _____

C. **Date Mailed or Delivered:** _____

D. **Method of Delivery:** (Check at least one box and complete the information below)

- Personal service** (File "**Acceptance of Service**" or affidavit of process server or sheriff)
 1st class mail, postage prepaid
 Certified mail (if applicable, attach green return receipt card to this paper)
 Hand delivery by: (name) _____

- A. Person Given Notice (Name): _____
- B. Relation to Protected Person: _____
- C. Date Mailed or Delivered: _____
- D. Method of Delivery: (Check at least one box and complete the information below)
 - Personal service (File **“Acceptance of Service”** or affidavit of process server or sheriff)
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 - Hand delivery by: (name) _____

UNDER PENALTY OF PERJURY

By signing this document I state to the Court under penalty of perjury that the information presented is true and correct to the best of my knowledge and belief.

Date

Signature

Printed Name